

# **TREATMENT OF TRAUMA**

## *Parents and Children in Child Protective Services*

New Mexico Family Advocacy Program

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# WHO ARE THE CHILDREN IN CPS--AND WHO ARE THEIR PARENTS?

- Historical and Generational Trauma
- Mechanisms of Transmission
  - The social determinants of health
    - Resources and Poverty
    - Location—Housing and Geography and Access
    - Diet, Environment and Neighborhood
  - Parenting and Repetition and Early Development
  - Biological Mechanisms of Transmission

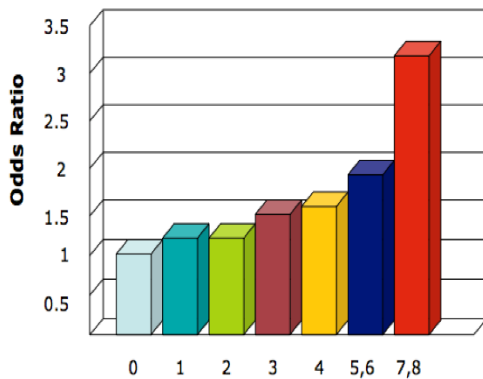
# Adverse Childhood Experiences

1. Emotional Abuse
2. Physical abuse/threats
3. Sexual abuse
- ✓ 4. Physical Neglect — Unfed, Unwashed or Unsupervised
- ✓ 5. Emotional Neglect — Unloved and Unsupported
- ✓ 6. Parents Separated or Divorced
7. Battered Mother
- ✓ 8. Family member w/substance abuse
9. Mental illness, depression, suicidal
10. Family member in prison

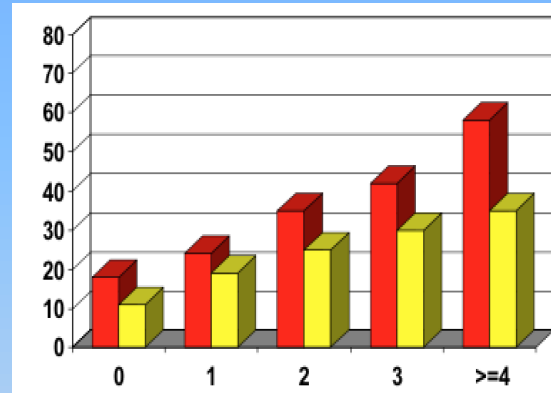
*ACE = 4*

# DOSE DEPENDENT DAMAGE

## HEART DISEASE

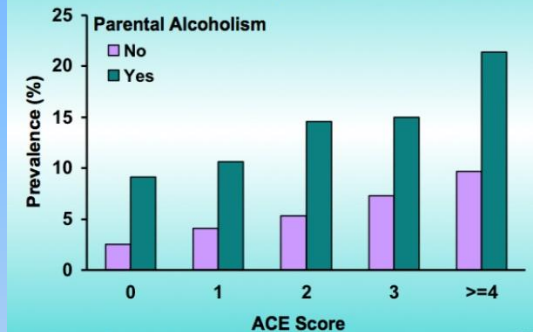


## CHRONIC DEPRESSION

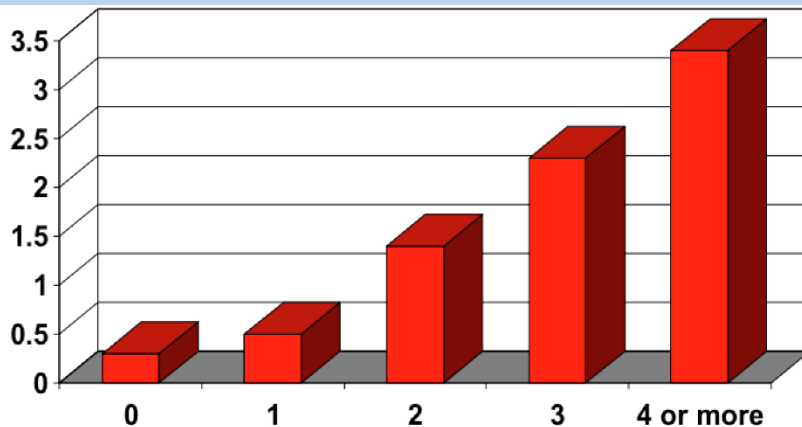


## ALCOHOLISM

### Relationship Between ACE Score and the Risk of Self-Reported Alcoholism

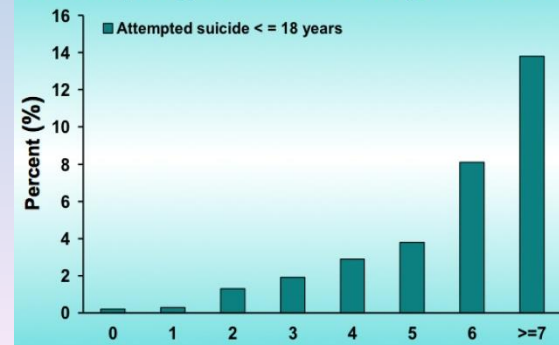


## IV DRUG USE



## SUICIDE ATTEMPTS

### Relationship Between the ACE Score and Attempting Suicide During Adolescence



# DIAGNOSIS

- The Uncertainty of Diagnosing Trauma
- PTSD vs Developmental Trauma
- Diagnosing the Symptoms of Dysregulation
  - Depression
  - Anxiety
  - Mood Instability that is not Bipolar Disorder
  - Inattention and restlessness that is not ADHD
  - Social / Interpersonal problems that are not criminal

# PSYCHOTROPIC USE IN ABUSE AND NEGLECT

- HYPERAROUSAL—*How does it appear?*
  - Explosive
  - Impulsive
  - Reactive
  - Easily Frightened / Startled / Angered
  - Motor Restlessness

# PSYCHOTROPIC USE IN TREATING TRAUMA

- Hyperarousal is often misdiagnosed as...
  - Attention Deficit Hyperactivity Disorder
  - Bipolar Affective Disorder
  - Antisocial Personality or Conduct Disorder
  - Anxiety Disorder

# POLYPHARMACY IN TRAUMA SPECTRUM DISORDERS

- Consequently, a common medication regimen for a hyperaroused patient who has a history of trauma might look like:
  1. Stimulant—*for hyperactivity*
  2. Antipsychotic—*for odd thinking, auditory hallucinations, agitation and explosiveness*
  3. Antidepressant—*for depression and irritability*
  4. Mood stabilizer—*for extreme changes of mood*
  5. Hypnotic—*for insomnia*

# The Medical Treatment of Parents in Child Protection System--*Principles*

- Treat the Symptoms, Not the Diagnosis
- Use Medication for Support of Function—including Parenting, Employment, etc
- Use Medication to Support and Assist Therapy
- Treat Conservatively
- Avoid Opiates and Benzodiazepines
- Treat the Substance Abuse Medically
- No Rules Apply in Every Case, so Address the Situation and the Person Individually

# TREATMENT PRINCIPLES

## *DEPRESSION*

- The underrated benefits of treating depression
- Mood as the fundamental functional category
- Energy, optimism, interpersonal skills, patience and parenting
- Irritability and reactivity
- Many trials, slow response, subtle response
- Hands on management initially

# TREATMENT PRINCIPLES

## *PSYCHOSIS & MANIA*

- Real Mania and Colloquial Mania
- Grandiosity, Paranoia and Disaster
- Medical Psychosis and Clinical Overreach
- Voices and Shadows—Mental Static
- Psychosis and Dissociation
- Treatment of Psychosis

# ALTERNATIVES TO MEDICATION

## THERAPEUTIC STRATEGIES FOR PTSD

1. Management of posttraumatic reactions through breathing, meditation, relational contact, imaging, structured movements like yoga and tai chi or medication
2. Graduated exposure to the traumatic memories to tolerate, restructure and control—narrative

# SPECIFIC TRAUMA THERAPIES

- Eye Movement Desensitization and Reprocessing (EMDR)
- Cognitive Processing Therapy (CPT)
- Stress Inoculation Therapy (SIT)
- Trauma Focused CBT (TF-CBT)
- Dialectical Behavior Therapy (DBT)
- Attachment, Regulation and Competency (ARC)
- Substance Abuse Treatment (always)

# MEDICATION QUALIFICATIONS

- Medication is not always used how it is named
- Medication is used across categories routinely
- Many non-psychiatric medications are used in psychiatry
- Off-Label is just as common as FDA approved

# ANTIDEPRESSANTS

- **SSRIs**

- fluoxetine (Prozac)
- sertraline (Zoloft)
- escitalopram (Lexapro)
- paroxetine (Paxil)
- fluvoxamine (Luvox)
- citalopram (Celexa)
- vilazodone (Viibryd)
- vortioxetine (Trintellix)

- **TRICYCLICS**

- imipramine
- amitriptyline
- nortriptyline
- desipramine

- **SNRIs**

- mirtazapine (Remeron)
- venlafaxine (Effexor)
- duloxetine (Cymbalta)
- desvenlafaxine (Pristiq)

# ANTIDEPRESSANTS

- **ATYPICALS**

- bupropion (Wellbutrin)
- trazodone
- ketamine nasal spray (Spravato)

- **TREATMENTS**

- ECT
- Transcranial Magnetic Stimulation (TMS)

# MOOD STABILIZERS

- **ANTICONVULSANTS**

- valproic acid (Depakote)
- carbamazepine (Tegretol)
- oxcarbazepine (Trileptal)
- gabapentin (Neurontin)
- lamotrigine (Lamictal)
- topiramate (Topamax)
- tiagabine (Gabitril)
- levetiracetam (Keppra)

- **LITHIUM**

- Lithium CO<sub>3</sub>
- Lithobid
- Eskalith
- Lithium Citrate

# ANTIPSYCHOTICS

- **NEUROLEPTICS**

- haloperidol (Haldol)
- thiothixene (Navane)
- thioridazine (Mellaril)
- chlorpromazine (Thorazine)
- fluphenazine (Prolixin)

- **ATYPICALS**

- quetiapine (Seroquel)
- ziprasidone (Geodon)
- clozapine (Clozaril)
- aripiprazole (Abilify)
- olanzapine (Zyprexa)
- asenapine (Saphris)
- risperidone (Risperdal)
- lurasidone (Latuda)

# STIMULANTS

- **SHORT ACTING**

- methylphenidate  
(Ritalin)
- dextroamphetamine  
(Dexedrine, Adderall)

- **NON-STIMULANTS**

*(for treating ADHD)*

- atomoxetine (Strattera)

- **LONG ACTING**

- methylphenidate  
(Concerta, Ritalin LA, Metadate ER, Focalin)
- dextroamphetamine  
(Adderall XR, Dexedrine spansules, Vyvanse)
- anti-adrenergics  
(clonidine, guanfacine)

# ADRENERGIC BLOCKADE

- **Hyperarousal** (insomnia, agitation, anxiety)
  - guanfacine (Tenex, Intunive)
  - clonidine (Catapres, Kapvay)
  - propranolol (Inderal)
  - prazosin (Minipress)

# HYPNOTICS

- **Benzodiazepines \***

- lorazepam (Ativan)
- alprazolam (Xanax)
- temazepam (Restoril)
- triazolam (Halcion)
- diazepam (Valium)

- **Assorted**

- zaleplon (Sonata)
- zolpidem (Ambien)
- eszopiclone (Lunesta)
- ramelteon (Rozerem)
- hydroxyzine

\* Avoid routine or prolonged use

# ANXIOLYTICS

- **BENZODIAZEPINES**

- lorazepam (Ativan)
- alprazolam (Xanax)
- diazepam (Valium)
- temazepam (Restoril)

- **EVERYTHING ELSE**

- SSRIs
- Tricyclics
- Hydroxyzine
- buspirone (Buspar)